

Name
in
Full

Ralph Lamotte Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Hill</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>March</i> Day	<i>31</i> Age	<i>39</i> Years	Months Days
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Rachel Anderson (deceased)</i>		
Father's Name	<i>Isaac H. Anderson</i>		Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Gillian Nichols</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Daniel L. Krauss</i>		How related to deceased	<i>Not related</i>	

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Immediate <i>meat</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ricketts Nelson</i>	
Accident or Suicide? <i>Accident</i>		Address <i>Coroner of Cecil Co Elkton, Maryland</i>	

206



Name
in
Full

Solomon K. Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> ^{Town}		<i>ecil</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>3</i> ^{Month}	<i>24</i> ^{Day}	<i>72</i> ^{Years}	<i>8</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Former</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or <i>Anna M. Blake</i>				
Father's Name <i>Solomon Blake</i>	Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Lynch</i>	Name of person giving information <i>Anna M. Blake</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>5 days</i>
Immediate	<i>Congest</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Corries MD</i>	
<i>Yes</i>		Address <i>Cherry Hill, MD.</i>	
Accident or Suicide? <i>—</i>			

(66)

205-

Name
in
Full

CERTIFICATE OF DEATH

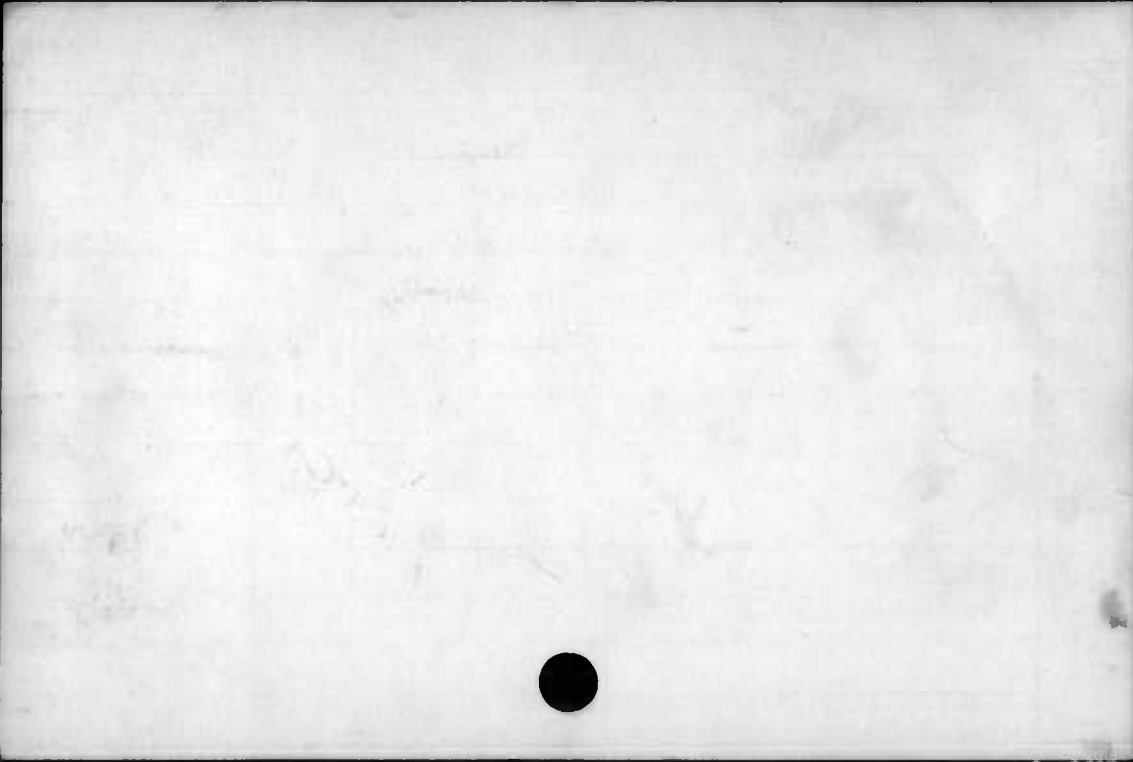
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah C. Dougherty</i>		Town <i>Port-Neeford</i>		County <i>Delaware</i>		State <i>MARYLAND</i>	
Died at <i>Port-Neeford</i>		Month <i>March</i>		Day <i>21</i>		Years <i>66</i>	
Date of death 190 <i>8</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Harford Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Cook</i>					
Name of Wife or Husband <i>John Dougherty</i>							
Father's Name <i>Thomas Washington</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Mary C. Foy</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>John Dougherty</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							

41

PHYSICIAN
OR CORONER

Primary <i>Cancer of Bowels</i>		How long about <i>1 year</i>	
Immediate <i>Leukemia</i>		How long <i>2 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Clemens</i>	
		Address <i>Port-Neeford</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Gion</i> Town <i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar.</i>	Day <i>22</i>	Age <i>75</i> Years Months <i>3</i> Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Bucks Co. Pa.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Gion Md.</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Wife deceased.</i>		
Father's Name <i>Jonas Foltz</i>	Father's Birthplace <i>Bucks Co. Pa.</i>		
Mother's Maiden Name <i>Elizabeth Kindig</i>	Mother's Birthplace <i>Bucks Co. Pa.</i>		
Name of person giving information <i>Thuis Foltz</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 years</i>
Immediate <i>General debility</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Cecil Md.</i>
Accident or Suicide?	

Interment - Rosebank Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie P. Hutz</i>				Town <i>Elk Creek</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death		Month		Day		Age	
<i>Elk Creek</i>		<i>1908</i>		<i>March</i>		<i>28</i>		<i>33</i>	
Sex		Color or Race		Birth-place		Months		Days	
<i>Female</i>		<i>white</i>		<i>Philadg. Pa</i>					
Occupation				Where Residing if not at place of death					
<i>Housekeeping</i>									
Married, Single or Widowed				Name of Wife or Husband					
<i>married</i>									
Father's Name				Father's Birthplace					
<i>Harry C. Pratt</i>				<i>Philada. Pa</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>Mary Blunt</i>				<i>Philada. Pa</i>					
Name of person giving information				How related to deceased					
<i>Mrs A Stitt</i>				<i>Sunt</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary		How long	
<i>Dyspnea</i>		<i>4 days</i>	
Immediate		How long	
<i>Parascondite</i>		<i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>L. F. Keamick</i>	
		Address	
		<i>North East</i>	
Accident or Suicide?			
<i>—</i>		<i>MD</i>	

Hearts



Name
in
Full

Rebecca S. Gamble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

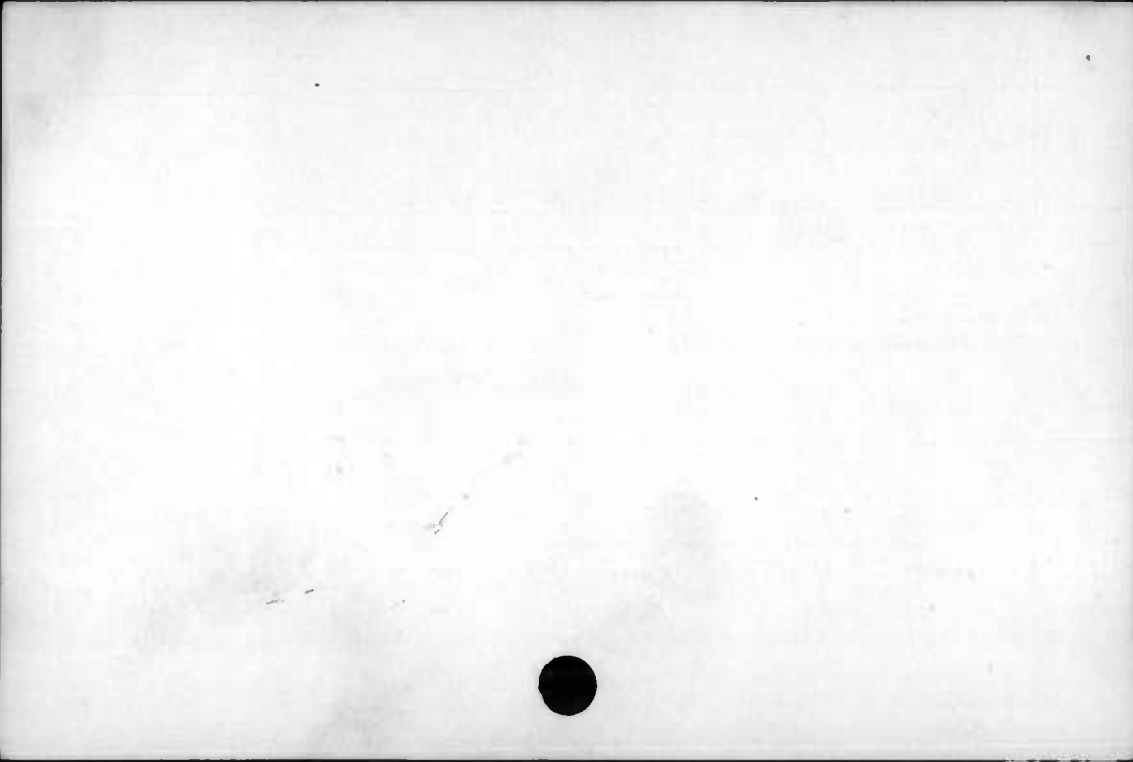
Died at <i>Greenumb</i>		County <i>Prail</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>8</i>	Age <i>88</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North Carolina</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Greenumb</i>				
Married, Single or Widowed <i>Widow</i>	Name of late Husband <i>John Gamble</i>				
Father's Name <i>Wm Parker</i>	Father's Birthplace <i>W.C.</i>				
Mother's Maiden Name <i>Sarah Smith</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Sarah Smith</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	How long <i>7 hours</i>
Immediate <i>Sarphic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Allen</i>
	Address <i>Rising Sun</i>
Accident or Suicide? <i>No</i>	<i>W.C.</i>



Name
in
Full

Joseph William Earl Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cherry Hill</u> ^{Town}		<u>Beesb</u> ^{County}		<u>H&D Dist</u> ^{MARYLAND}		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>1</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>md</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>			
Father's Name <u>James H Halland</u>			Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Anna M Morgan</u>			Mother's Birthplace <u>md</u>			
Name of person giving information <u>Anna M Halland</u>			How related to deceased <u>mother</u>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		92
Primary <u>Bronch. Pneumonia</u>	How long	
Immediate <u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm D Cawley</u>	
	Address <u>Elkins md</u>	
Accident or Suicide?		

206

Name
in
Full

Mary Jane Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

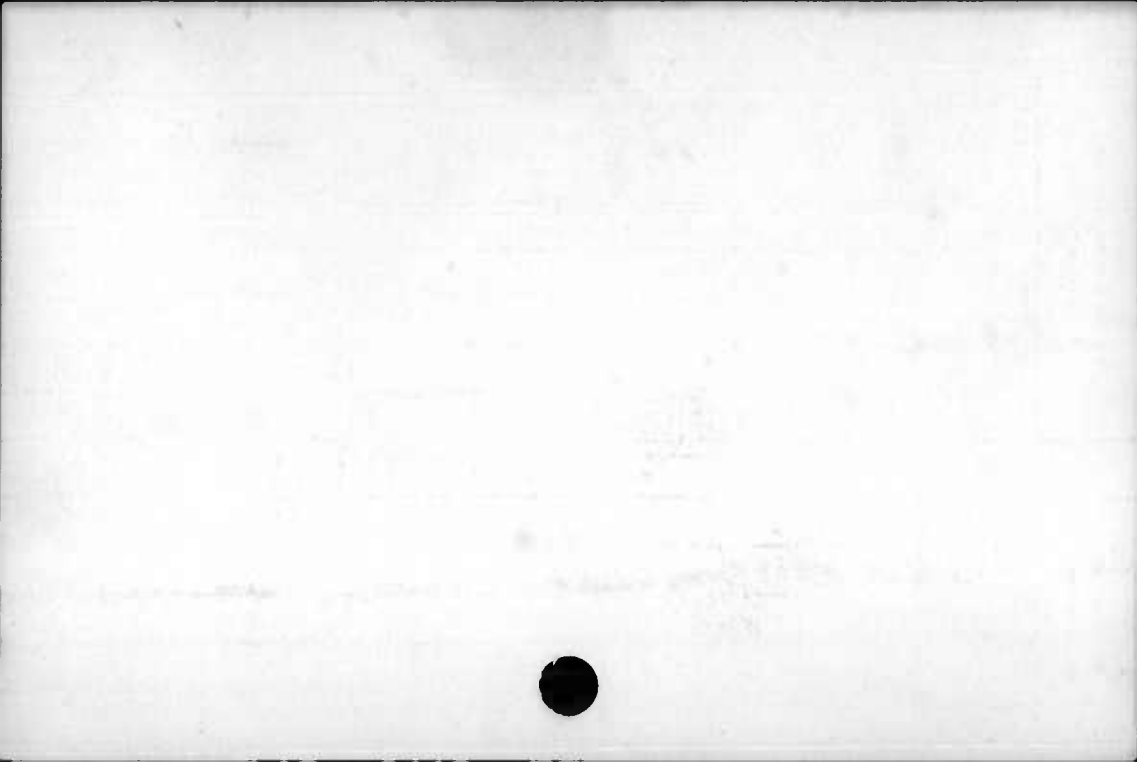
Died at		Town Rising Sun		County Becil		MARYLAND	
Date of death	1908	Month March	Day 2	Age 40	Years	Months 2	Days 19
Sex	Female		Color or Race	White		Birth- place	Rock Springs
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary J. Hart			
Father's Name	John W. Booth					Father's Birthplace	Maryland
Mother's Maiden Name	Jane West					Mother's Birthplace	Maryland
Name of person giving information	F. L. Hart					How related to deceased	Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption (of Lungs)		How long	27 years
Immediate	Faction & excitation		How long	27 years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			John H. Jameson Rising Sun, Md.	
Accident or Suicide?				



Name
in
Full

Thomas M Jackson

CERTIFICATE OF DEATH

Died at *Near Port Deposit* ^{Town} *Cecil* ^{County}

MARYLAND

Date of death *1908* ^{Month} *3* ^{Day} *10* ^{Years} *61* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Cecil Co*Occupation *Carpenter* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Maria Jackson*Father's Name *Edward Jackson* Father's Birthplace *Cecil Co*Mother's Maiden Name *Caroline Watson* Mother's Birthplace *" "*Name of person giving information *Maria Jackson* How related to deceased *wife*

CAUSES OF DEATH

41

Primary *Cancer of Bowels.* How long *6 months.*Immediate *Starvation* How long *1 month.*

Are the name, age, sex, color, date and place correctly given above?

Yes

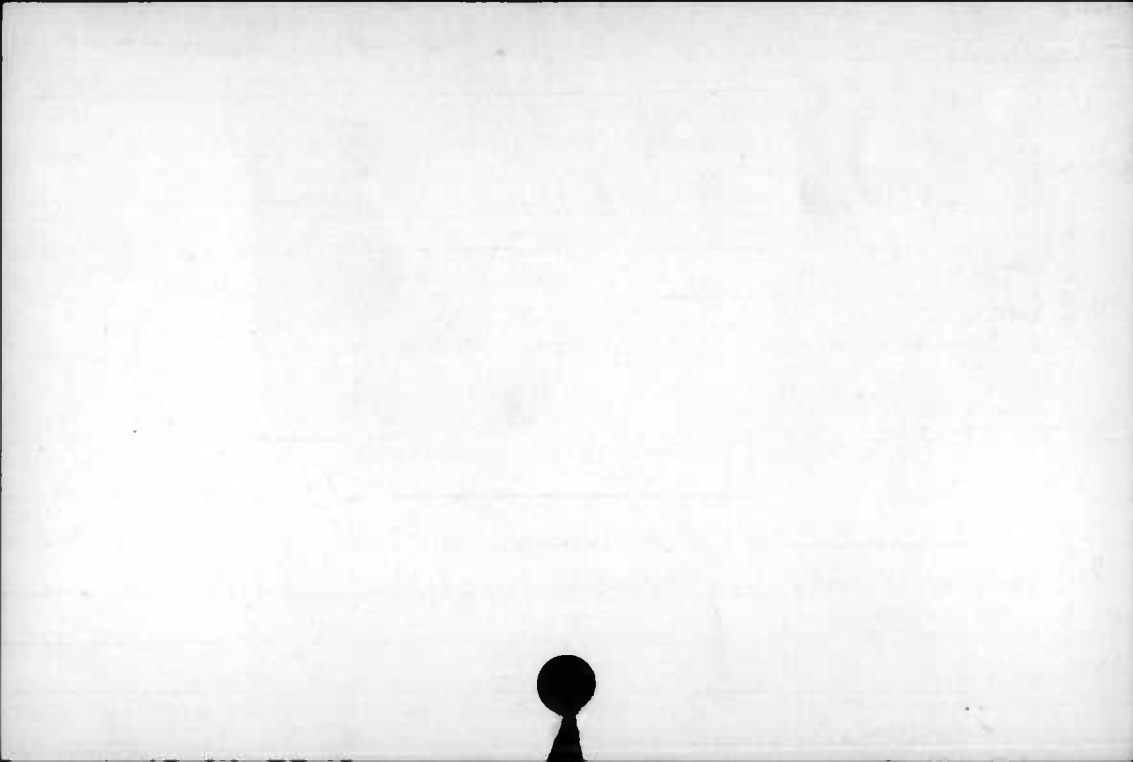
Signature of Physician

Address

H. E. Chapman
Port Deposit
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

David Clyde Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Elctn</i>		<i>Cecil</i> County		MARYLAND								
Date of death	1908	Month	<i>Mar</i>	Day	<i>2</i>	Age	Years	<i>11</i>	Months	<i>11</i>	Days	
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Pa.</i>					
Occupation	<i>School.</i>					Where Residing if not at place of death						
Married, Single or Widowed	<i></i>					Name of Wife or Husband	<i></i>					
Father's Name	<i>John Jamison</i>					Father's Birthplace	<i>Pa.</i>					
Mother's Maiden Name	<i>Mary E. Ridge</i>					Mother's Birthplace	<i>Pa.</i>					
Name of person giving information	<i>Millard Jamison</i>					How related to deceased	<i>Brother</i>					

CAUSES OF DEATH

Primary

Meningitis

How long

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

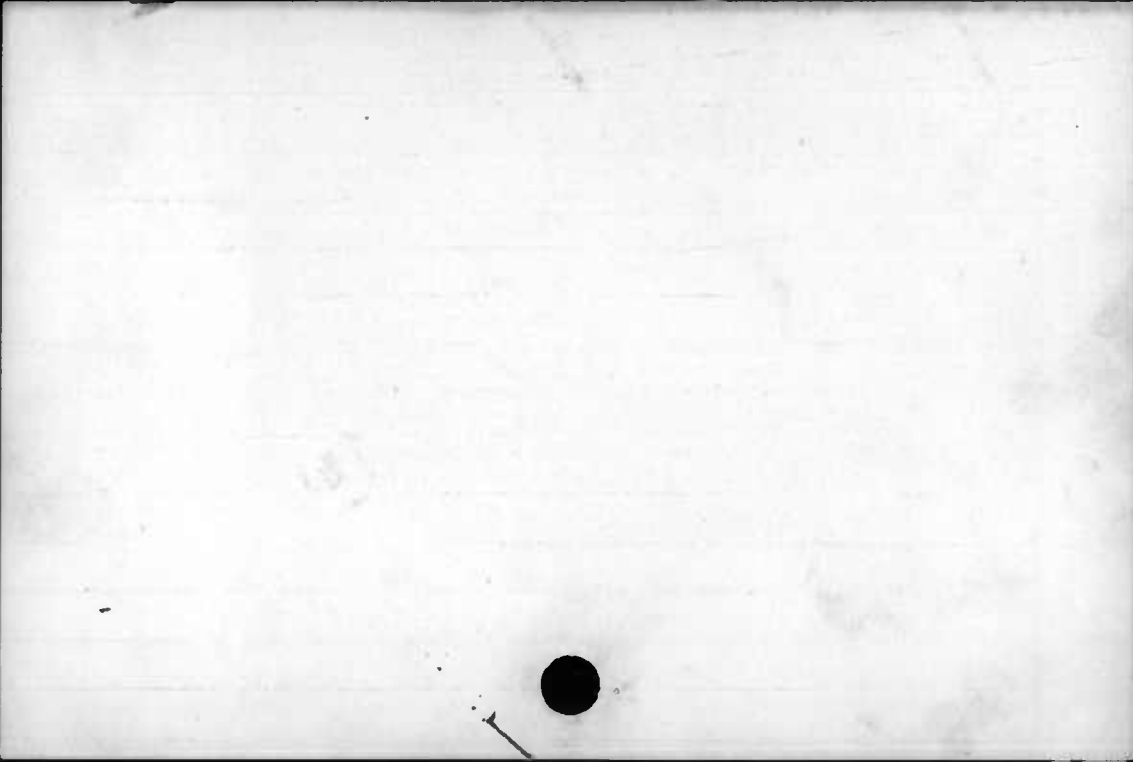
Yes

Signature of Physician

Address

Wm D Lawley
Elctn
md.

Accident or Suicide?



Name
in
Full

New Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

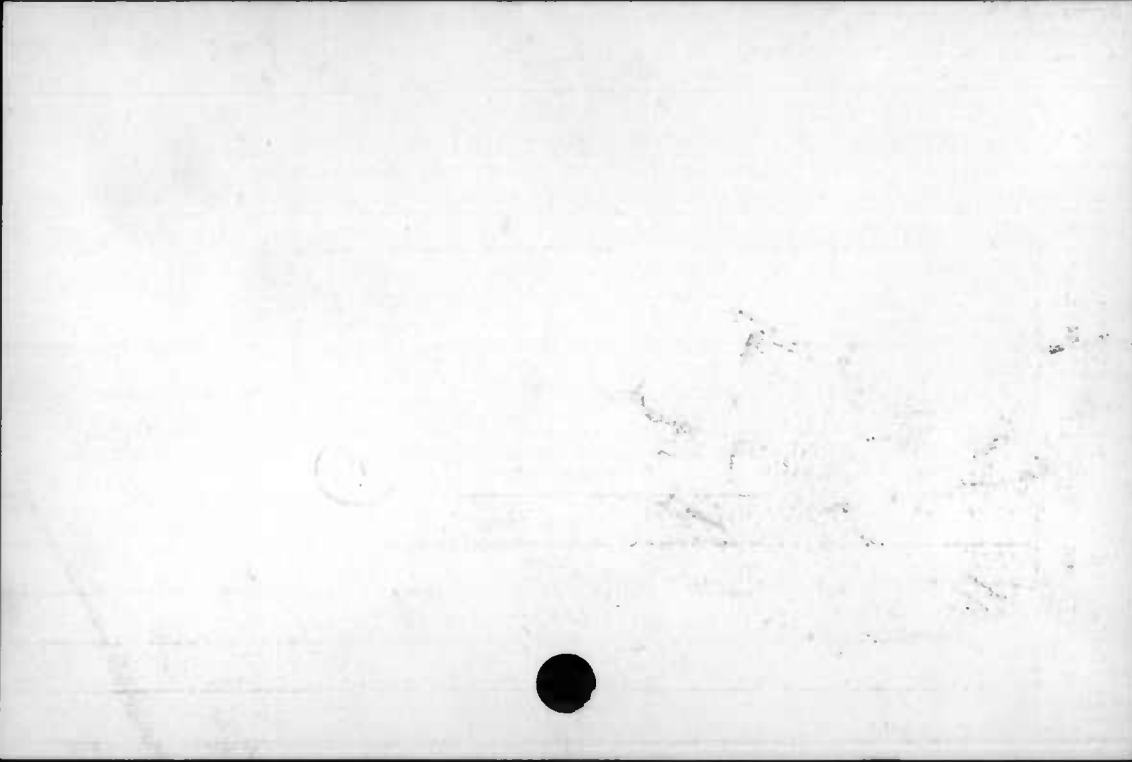
Died at <u>Chesapeake City</u> ^{Town}		<u>Seal</u> ^{County}		MARYLAND	
Date of death	1908	Month	3	Day	26
Age	77	Years		Months	2
Sex	Male	Color or Race	White	Birth-place	Delaware
Occupation	Magistrate		Where Residing if not at place of death <u>at home Chesapeake City</u>		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Anna Elizabeth Jones</u>		
Father's Name	Thomas Jones		Father's Birthplace <u>Delaware</u>		
Mother's Maiden Name	Rachel Chendaniel		Mother's Birthplace <u>Delaware</u>		
Name of person giving information	Wm. J. Jones		How related to deceased <u>Son</u>		

CAUSES OF DEATH

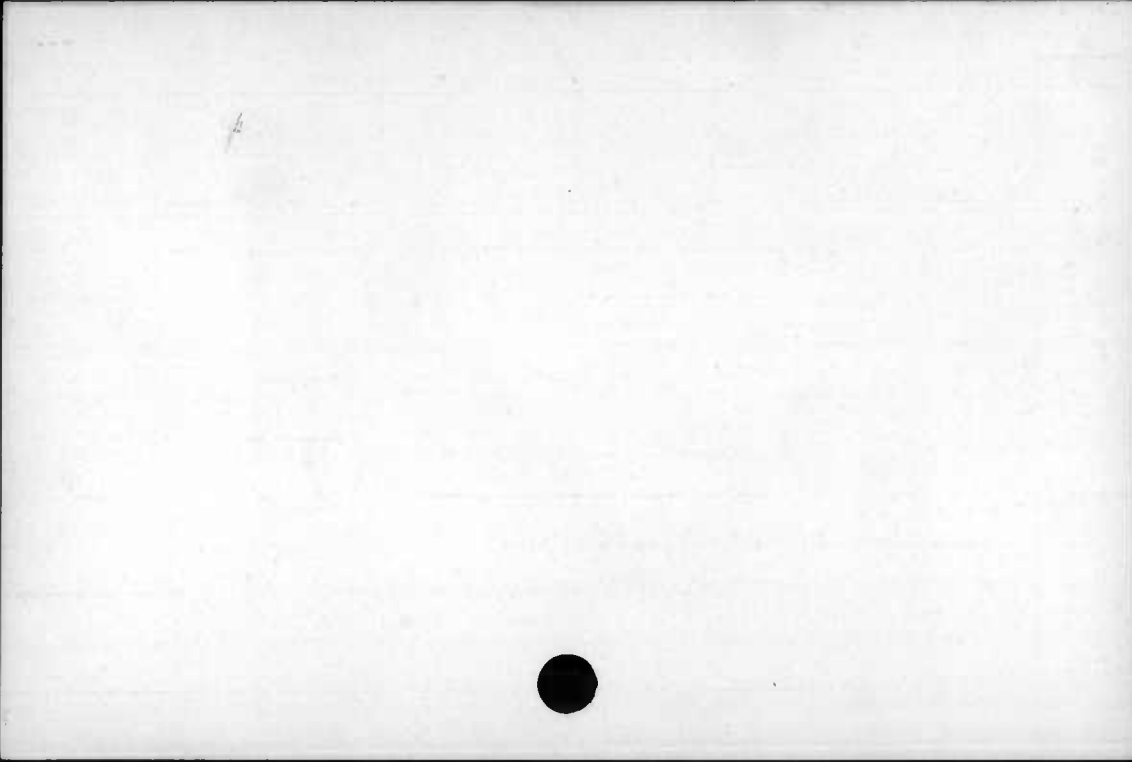
10

PHYSICIAN
OR CORONER

Primary <u>To brighten complications with</u> <u>arterio-sclerosis & atherosclerosis</u>	How long <u>X</u>
Immediate <u>Spastic paraplegia</u> <u>County</u>	How long <u>3 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm. H. Karsner M.D.</u>
<u>yes</u>	Address <u>Chesapeake City Md</u>
Accident or Suicide? <u></u>	



Name in Full		Julian Furgens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Elkton	County Becil		MARYLAND	
	Date of death	1908	Month 3	Day 24	Age 4	Months -	Days -
	Sex	Male		Color or Race	White		Birth-place Elkton Md
	Occupation	-			Where Residing if not at place of death -		
	Married, Single or Widowed	-		Name of Wife or Husband			
	Father's Name	George Furgens				Father's Birthplace	Germany
PHYSICIAN OR CORONER	Mother's Maiden Name	Julia Weyer				Mother's Birthplace	England
	Name of person giving information	George Furgens				How related to deceased	Father
	CAUSES OF DEATH						92
PHYSICIAN OR CORONER	Primary	Broncho-pneumonia				How long	4 weeks
	Immediate	Exhaustion				How long	2 or 3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Howard Bruckner		
					Address Elkton		
	Accident or Suicide?						



Name
in
Full

William Alexander Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chesapeake City		County Cecil		MARYLAND	
Date of death		1908	Month March	Day 14	Age 78	Years	Months Days
Sex Male		Color or Race White		Birth-place Chesapeake City			
Occupation Captain of vessel		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Christanna Kirk					
Father's Name Alexander Kirk		Father's Birthplace Chesapeake City					
Mother's Maiden Name Christanna Bristow		Mother's Birthplace "					
Name of person giving information Helen Kirk		How related to deceased Son					

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis	How long	One year
Immediate	Exhaustion	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. Conner	
Address		Chesapeake City	
Accident or Suicide?			



Name
in
Full

Mary Jane Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Elkton^{County} CecilDate
of death 1908

Month 4

Day 27

Age 75

Years

Months -

Days -

Sex Female

Color or
Race WhiteBirth-
place Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Wm Donaldson

Father's
Birthplace

Md

Mother's
Maiden Name

Rebecca Savin

Mother's
Birthplace

Md

Name of person giving
In formation

F D Prier

How related
to deceased

Nephew

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

4 years (?)

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Winifred A. Morrison

Address

Elkton Md

Accident or Suicide?



Name in Full		Amor Harlan Lockard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leherry Hill		Leecil		MARYLAND	
	Date of death	1908	Month 3	Day 21	Age 4	Months 4	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Amor B. Lockard				Father's Birthplace	Md
	Mother's Maiden Name	Lydia M. Keithly				Mother's Birthplace	Md
Name of person giving information	Amor B. Lockard				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">88</div>							
PHYSICIAN OR CORONER	Primary	Spasmodic Croup				How long	6 days
	Immediate	Edema of the Larynx				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	O. J. Carries Md	
					Address	Cherry Hill Md	
Accident or Suicide?							

204

Name
in
Full

Wm. F. Lotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

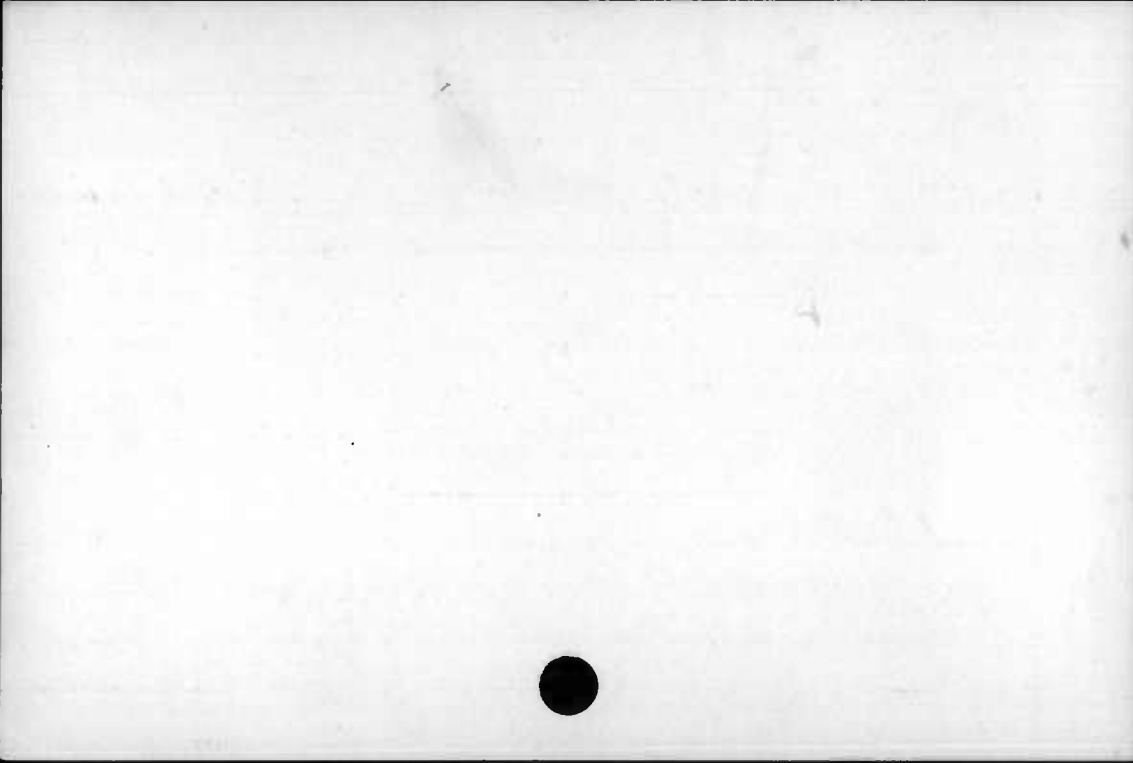
Died at <u>E. E. Neck</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>Mar</u>	Day <u>27</u>	Age <u>-</u> Years	<u>7</u> Months <u>2</u> Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth- place <u>North East</u>		
Occupation <u>none</u>			Where Residing If not at place of death <u>-</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Alfred Lotman</u>			Father's Birthplace <u>E. E. Neck</u>		
Mother's Maiden Name <u>Sophia Foraker</u>			Mother's Birthplace <u>Eider Sta</u>		
Name of person giving information <u>Alfred Lotman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>10 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. J. Hammick</u>
	Address <u>North East Md</u>
Accident or Suicide?	



Name
in
Full

Margaret M. Cleary

CERTIFICATE OF DEATH

Died at *North East* Town *beut* County

MARYLAND

Date of death *1908* Month *March* Day *14* Age *8* Years Months *8* Days *0*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John M. Cleary*Father's Birthplace *Unknown*Mother's Maiden Name *Sarah Mc Guigan*Mother's Birthplace *Unknown*Name of person giving information *John M. Cleary*How related to deceased *father*

CAUSES OF DEATH

(93)

Primary *Pneumonia*How long *5 weeks*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

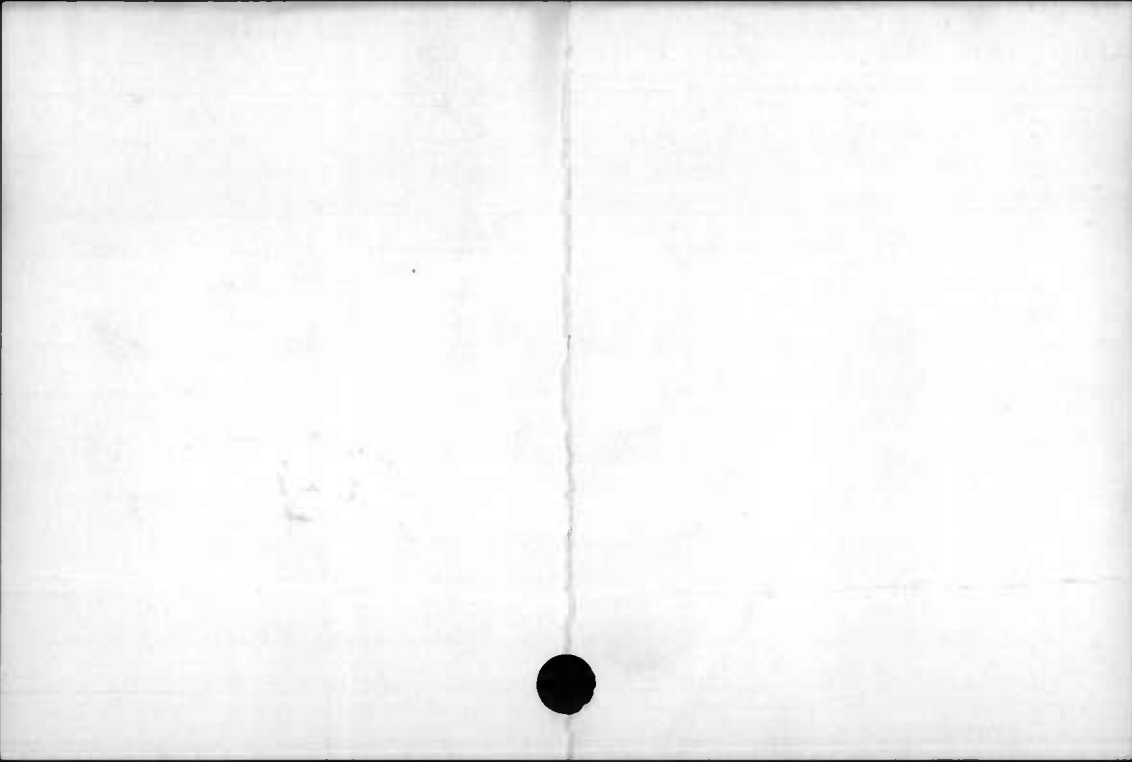
Theo A. Horvath
North East, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pilot</u> Town		<u>Deale</u> County	
		Date of death <u>1908</u> Month <u>March</u> Day <u>19</u> Age <u>61</u> Years		Months <u>11</u> Days <u>19</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Maryland</u>
		Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Henrietta Pilot</u>	
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henrietta McGuigan</u>		
		Father's Name <u>John McGuigan</u>		Father's Birthplace <u>Penna</u>	
		Mother's Maiden Name <u>Martha Hersk</u>		Mother's Birthplace <u>"</u>	
		Name of person giving information <u>Anna McGuigan</u>		How related to deceased <u>Sister</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Tubercular Consumption</u>			
	Immediate				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address <u>J. A. Peeples M.D.</u>		
	Accident or Suicide?		<u>Kirk Mills Pa.</u>		



Name
in
Full

Annie L Mc Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

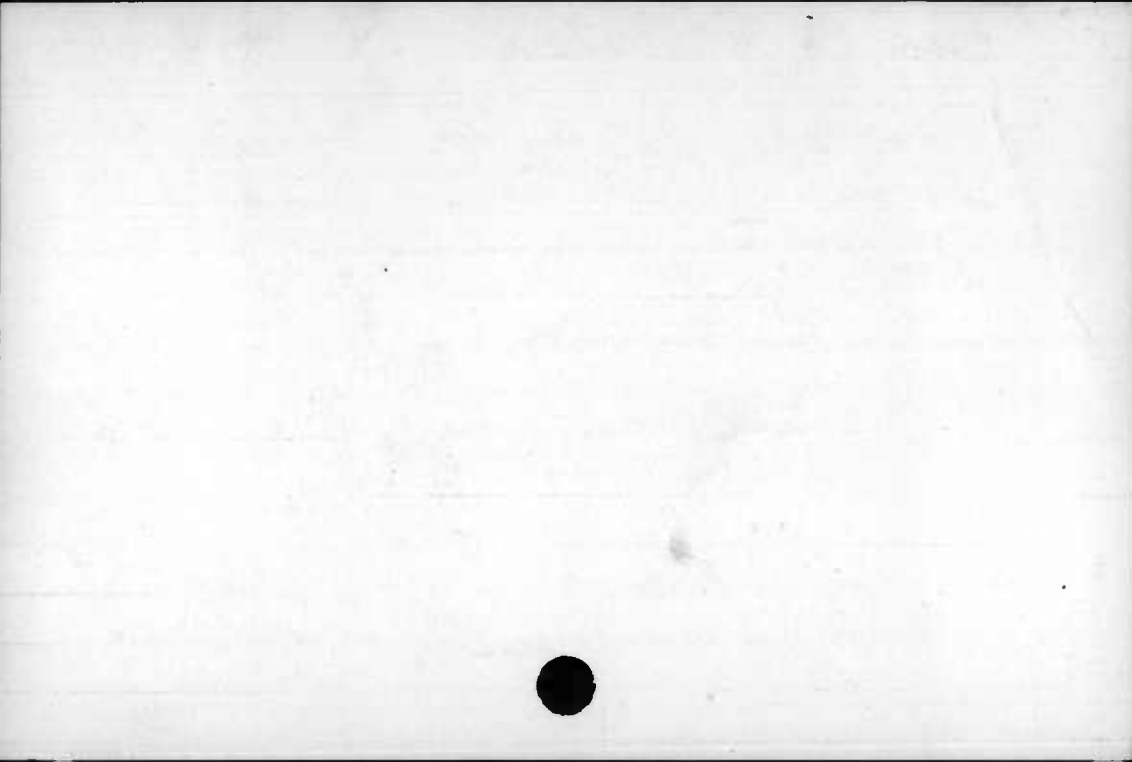
Died at		Town Ellettsville		County Greene		MARYLAND	
Date of death	1908	Month 3	Day 1	Age 50	Months —	Days —	
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife Husband	Franklin L McKnight			
Father's Name	Leir Lammey				Father's Birthplace	Ind	
Mother's Maiden Name	no information				Mother's Birthplace	—	
Name of person giving In formation	F L McKnight				How related to deceased	Husband	

CAUSES OF DEATH

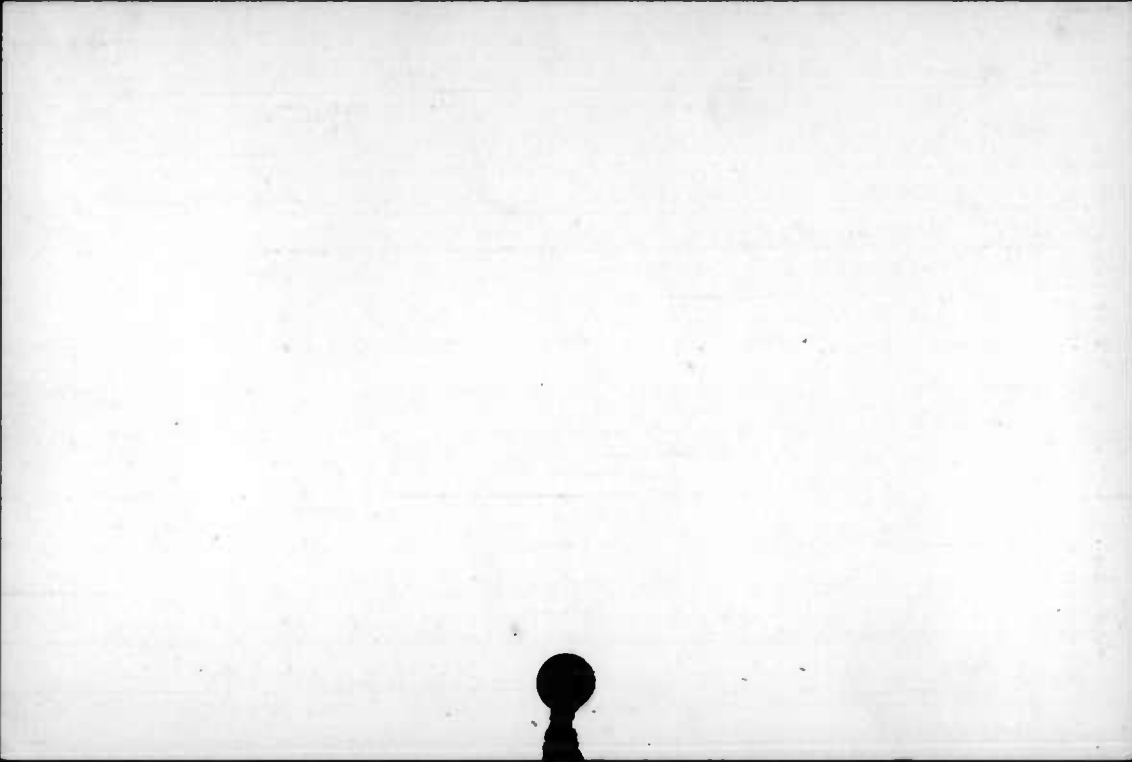
27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 yrs
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			H. L. Mitchell M.D.	
			Address	
			Ellettsville Ind.	
Accident or Suicide?				



Name in Full Geo H Patterson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Blythedale <small>Town</small>		Cecil <small>County</small>
	Date of death 1908 <small>Month</small> 3 <small>Day</small> 26		Age 75 <small>Years</small> 11 <small>Months</small> — <small>Days</small>
	Sex Male	Color or Race White	Birth-place Cecil Co
	Occupation Plasterer	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Belle Patterson	
	Father's Name Wm Patterson	Father's Birthplace Cecil Co	
	Mother's Maiden Name Martha Moulton	Mother's Birthplace Harford Co	
Name of person giving Information L E Patterson		How related to deceased Son	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		120 <small>How long</small>
	Immediate Bright's disease		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. M. Steen
			Address Prmyville —
Accident or Suicide?			



Name
in
FullElla Price
Mary

Town

Beeilton

Becil County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1908
Month March
Day 17
Age 69
Years
Months 2
Days 2Sex female
Color or Race White
Birth-place Cecil CountyOccupation House Keeper
Where Residing if not
et place of deathMarried, Single or Widowed Single
Name of Wife or HusbandFether's Name John H Price
Father's Birthplace Cecil CountyMother's Maiden Name Deborah Comolin
Mother's Birthplace Cecil CountyName of person giving information Mary Price
How related to deceased Niece

CAUSES OF DEATH

93

Primary Pleurisy
How long 10 daysImmediate Pneumonia
How long 3 days

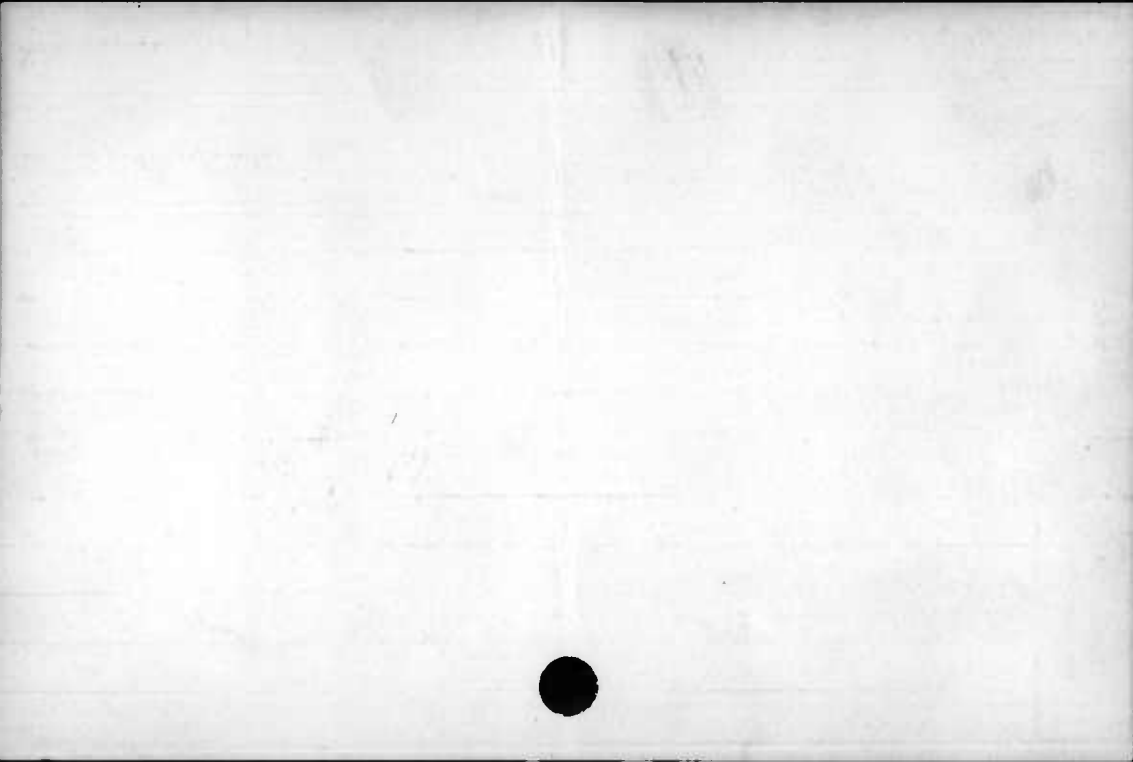
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Ewen Cranford

Address Beeilton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Running Sun</i>		Town <i>Bevil</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Mch</i>	Day	<i>17</i>	Age	<i>79</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Bevil Co</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death		<i>Running Sun Md</i>		
Married, Single or Widowed	<i>wife dead</i>		Name of Wife or Husband		<i>Elizabeth L. Lincoln</i>		
Father's Name	<i>Isaac Reynolds</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mira Harris</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Wynne Reynolds</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Paralysis</i>	How long	<i>One month</i>
Immediate	<i>Stroke</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>		
	Address <i>Thompson Md</i>		
Accident or Suicide?			

Isaac

Mina

}

Coastal

Name
in
Full

Schitolis Joseph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> ^{Town}		<i>Lees</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>6</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Italy</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>Alms house</i>			
Married, Single or Widowed <i>Not known</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>John Mahoney</i>		How related to deceased <i>Not related</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Ascites</i>	How long <i>4 months</i>
Immediate <i>Initial indurancy of heart.</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. Chath Miller</i>
	Address <i>North East, Md</i>
Accident or Suicide?	

202.



Name
in
Full

CERTIFICATE OF DEATH

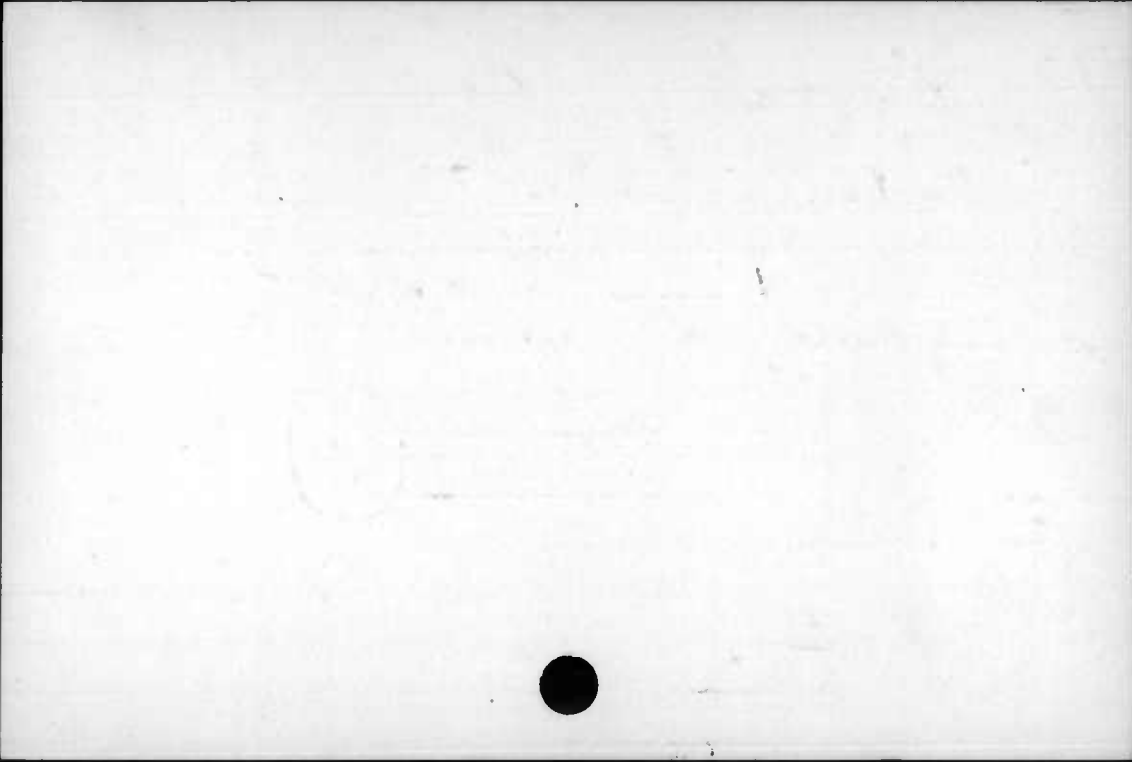
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> Town		<i> Cecil </i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>10</i>	Age <i>still born</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Perryville</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jacob Schneider</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Katharine Schumm</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Jacob Schneider</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <i>Still born -</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>R. G. Taylor, M.D.</i>
		Address <i>Perryville, Md.</i>
Accident or Suicide?		



Name
in
Full

Katharine Schneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

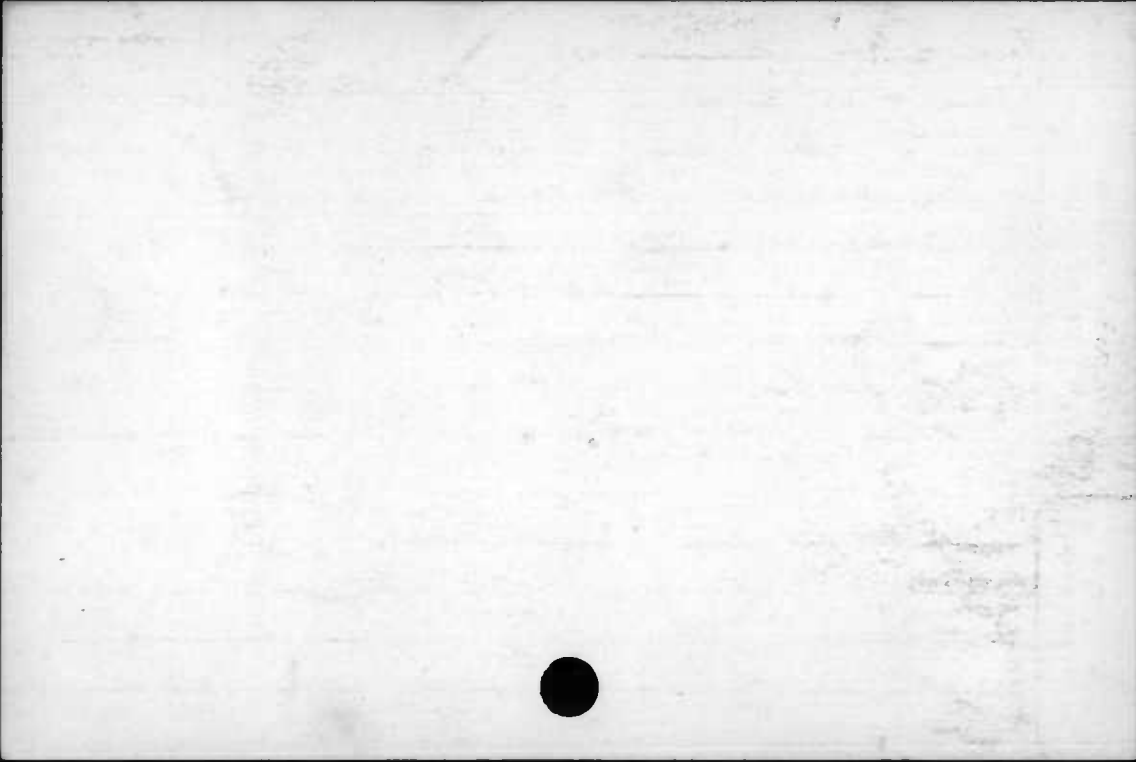
Died at Perryville ^{Town} Accel ^{County}
 Date of death 1908 ^{Month} 3 ^{Day} 11 ^{Years} 29 ^{Months} 6 ^{Days}
 Sex Female Color or Race White Birth-place Germany
 Occupation Housewife Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Jacob Schneider
 Father's Name Henry Schum Father's Birthplace Germany
 Mother's Maiden Name Unknown Mother's Birthplace "
 Name of person giving information Jacob Schneider How related to deceased Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Dropsy (acute uraemia) How long few months
 Immediate Convulsions (cardiac complications) How long One only.
 Are the name, age, sex, color, date and place correctly given above?
Yes. Signature of Physician L. L. Taylor
 Address Perryville, Ind.
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

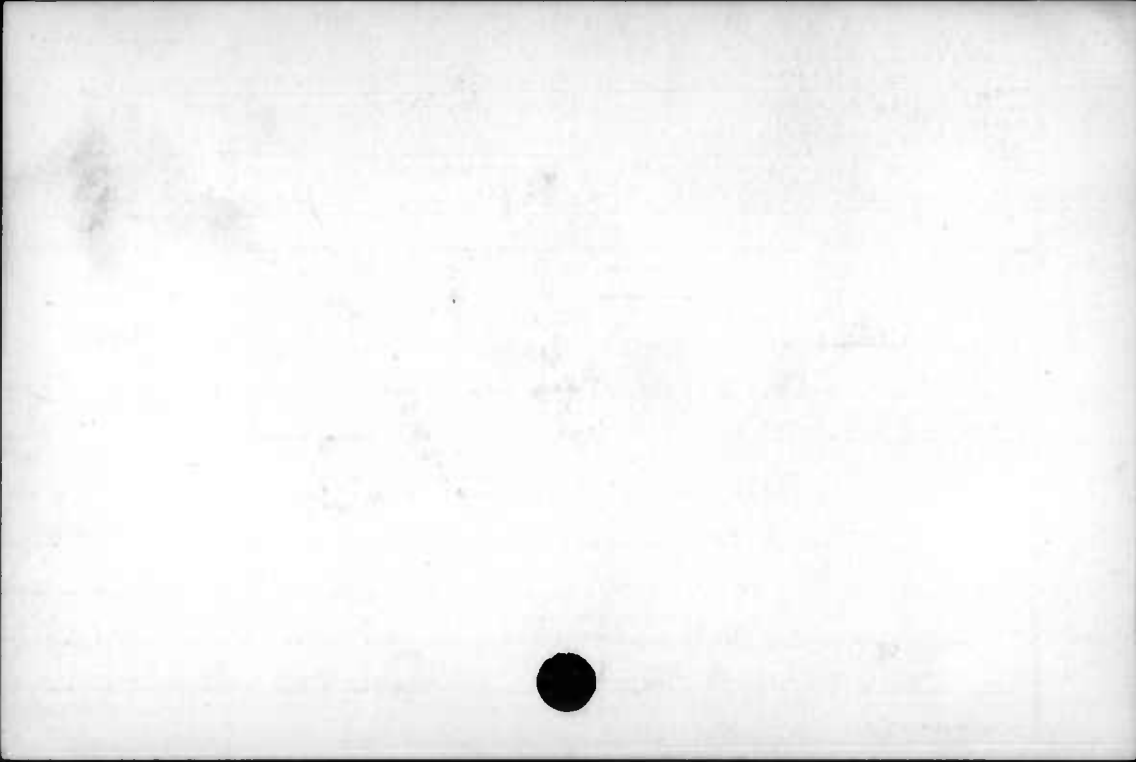
Died at		Town <i>near Eckton</i>		County <i>ecil</i>			
Date of death	1908	Month <i>7</i>	Day <i>12</i>	Age <i>57</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Simmons</i>					
Father's Name <i>Isaac Lum</i>		Father's Birthplace <i>no information</i>					
Mother's Maiden Name <i>Deborah Ellis</i>		Mother's Birthplace <i>no information</i>					
Name of person giving In formation <i>Mrs Payne</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Rectum</i>	How long <i>2 yrs</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Mitchell M.D.</i>
	Address <i>Eckton Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Margaret Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Singarley		County Cecil		MARYLAND	
Date of death		1908	Month March	Day 28	Age —	Years —	Months —
Sex Female		Color or Race white		Birth- place Md		Days 4	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband Infant			
Father's Name Thos P. Smith				Father's Birthplace Ireland			
Mother's Maiden Name Annie E. Herron				Mother's Birthplace Md			
Name of person giving In formation Thos P. Smith				How related to deceased Father			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	2 days
Immediate	Coma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. J. Corrie MD	
Leo		Address Cherry Hill Md	
Accident or Suicide?			

203



Name
in
Full

Benoni H. Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>North East</i>		County <i>Beall</i>			
Date of death	1908	Month <i>Mar.</i>	Day <i>23rd</i>	Age <i>71</i>	Years	Months <i>5</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Russellville</i>				
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>North East, Md</i>						
Married, Single Widowed	<i>Marrried</i>		Name of Wife or husband <i>Annie J. Thomas.</i>				
Father's Name <i>Un/known</i>	Father's Birthplace <i>Un/known</i>						
Mother's Maiden Name <i>Esther Thomas.</i>	Mother's Birthplace <i>Camden, N.J.</i>						
Name of person giving Information <i>Annie J. Thomas</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>24 days</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. A. Worrall</i>
	Address <i>North East, Md.</i>
Accident or Suicide?	

Rock Bank

Name
in
Full

Caroline Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Port Deposit ^{County} Cecil

Date of death 1908 3 18 Age 5-2 Months 5- Days

Sex Female Color or Race white Birth-place Cecil Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lewis Todd

Father's Name Saml Wilson Father's Birthplace Cecil Co

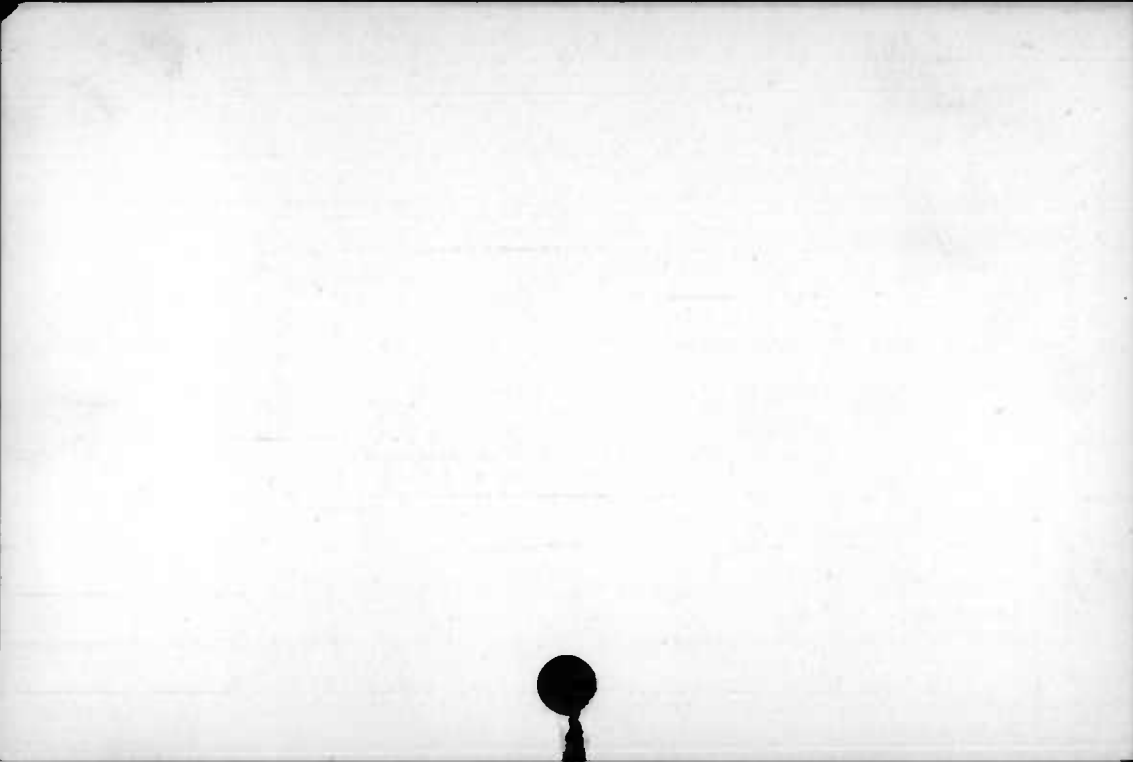
Mother's Maiden Name Annie Jackson Mother's Birthplace " "

Name of person giving information Lewis Todd How related to deceased Husband

CAUSES OF DEATH

79

Primary Heart Disease How long 6 monthsImmediate Comm. How long 24 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician H. E. ClumAddress Port Deposit, Md.Accident or Suicide? NoPHYSICIAN
OR CORONER



Name
in
Full

Mr. Leonard Trainor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

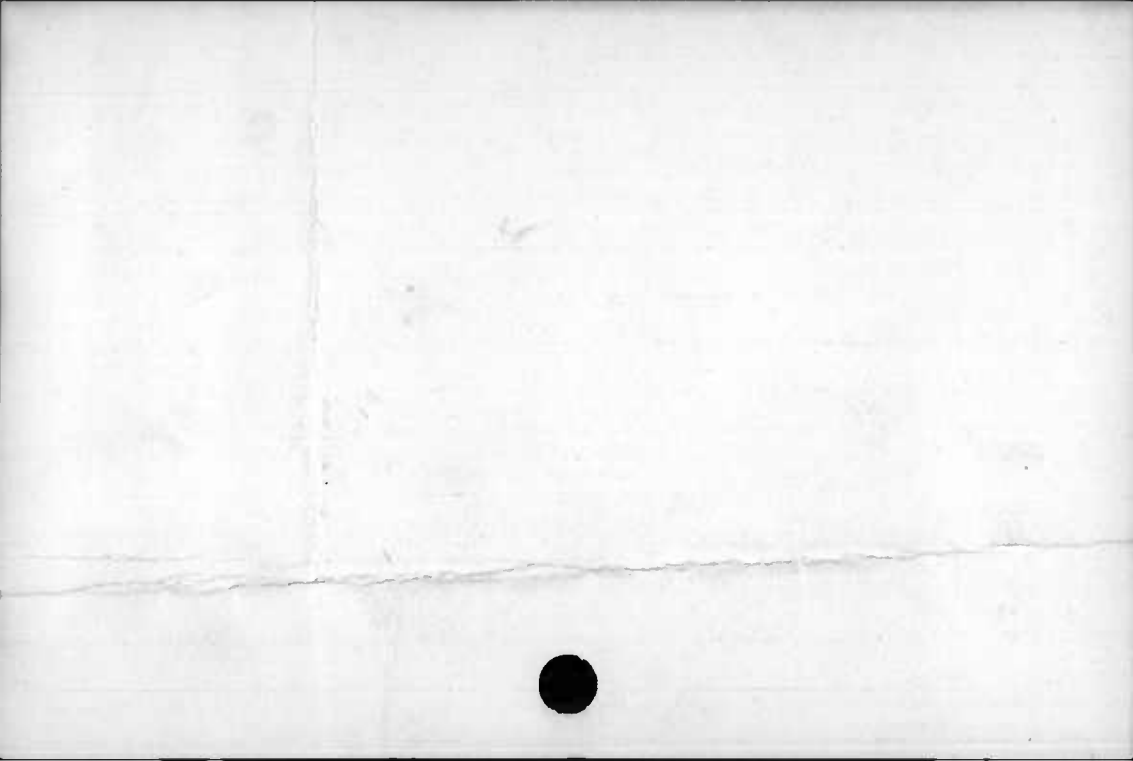
Died at <i>Calvert-</i>		<i>Cecil</i>		TOWN County	
MARYLAND					
Date of death	1908	Month	3	Day	28
Age		4		Years	
Sex		Male		Color or Race	White
Occupation				Birth-place	Calvert-
Where Residing if not at place of death		Calvert-			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name		<i>Thomas A. Trainor</i>		Father's Birthplace	<i>Balto. Md</i>
Mother's Maiden Name		<i>Helen E. England</i>		Mother's Birthplace	<i>Mar. Iron Md</i>
Name of person giving information		<i>Thomas Trainor</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Congenital Cardiac Disease</i>		How long	<i>From Birth</i>
Immediate	<i>Heart Failure</i>		How long	<i>undiscovered</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>W H Richardson</i>		
Address		<i>Calvert - Md</i>		
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cecil</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
	Date of death	<i>1908</i>	Month <i>3</i>	Day <i>12</i>	Age <i>38</i> <small>Years</small>	Months <i> </i> Days <i> </i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cecil Co., Md.</i>		
	Occupation <i>House Wife</i>		Where Residing if not at place of death <i> </i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Smith</i>				
	Father's Name <i>Charles Wilson</i>	Father's Birthplace <i>Quasman, Ga.</i>				
	Mother's Maiden Name <i>Elizabeth Brown</i>	Mother's Birthplace <i>" "</i>				
	Name of person giving information <i>Elwood W. Wilson</i>		How related to deceased <i>Bro.</i>			
CAUSES OF DEATH 129						
PHYSICIAN OR CORONER	Primary <i>Sub mucous Fibroid of uterus</i>		How long <i>Two years</i>			
	Immediate <i>Septic Peritonitis</i>		How long <i>Five weeks</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Crawford</i>			
			Address <i>Cecil Co. Md.</i>			
	Accident or Suicide?					



Name
in
Full

Mary Wingert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

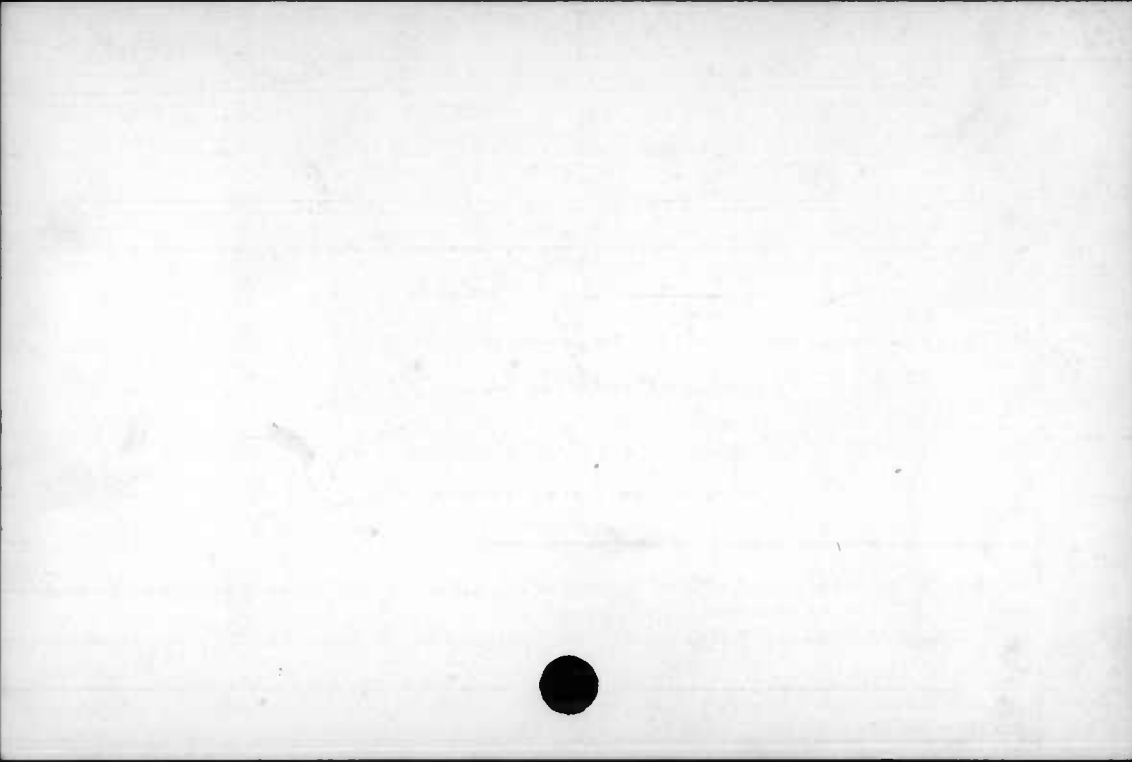
Died at <i>Leslie</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>4th</i>	Age _____	Months _____	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Leslie, Md.</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____			
Father's Name <i>J. W. Wingert</i>		Father's Birthplace <i>Newport Pa.</i>			
Mother's Maiden Name <i>Ada May Todd</i>		Mother's Birthplace <i>Ham de Grace</i>			
Name of person giving information <i>J. W. Wingert</i>		How related to deceased <i>Father.</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long <i>12 hours</i>
Immediate <i>Concussion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. [unclear]</i>
	Address <i>N. E. [unclear]</i>
Accident or Suicide?	<i>M</i>



Name

in
Full

Unknown Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died near North East

County

Becil

Date

Month

Day

Age

Years

Months

Days

of death 1908 March 14

38 2

Sex

male

Color or
Race

white

Birth-
place

Unknown

Occupation

Unknown

Where Residing if not
at place of deathMarried, Single
or Widowed

Unknown

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

172

Primary

Found drowned in North East

How long

Immediate

Rin

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianRichard Nelson
Coroner of Cecil Co
Elkton, Md.

Accident or Suicide?

Unknown

PHYSICIAN
OR CORONER

~~Cherry Hills~~

~~Alms House~~

North East, M. E. , Conn

Name
in
Full

Unknown White Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eekton</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death <i>1908 March</i>		Month		Day <i>7</i>		Years <i>50?</i>		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Unknown</i>					
Occupation <i>Supposed to be a tramp</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Unknown</i>				Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving information				✓		How related to deceased			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Place of death <i>Found on P.B. & W.R.R. way supposed to have been killed by cars</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ricketts Nelson</i>	
		Address <i>Coroner of Cecil Co Eekton, Md.</i>	
Accident or Suicide?			

